

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| TOTAL CLAIMS | | | | | | |

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| TOTAL IND. | 5 | | ↓ | | ↓ | |
| TOTAL DEP. | 10 | | ← | | ← | |
| TOTAL CLAIMS | 15 | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS